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SEP 04 2007

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28165 7590 08/07/2007

S.C. JOHNSON & SON, INC.
1525 HOWE STREET
RACINE, WI 53403-2236

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Suzan E. Lechner (via E-File)	(Depositor's name)
<i>Suzan E. Lechner</i>	
September 4, 2007	

(Signature)

(Date)

09/05/2007 INTEFSW 00000142 10712457

01 FC:1501 1400.00 DA
02 FC:1504 300.00 DA

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/712,457	11/13/2003	Anita Wongosari	J-3568A	9312

TITLE OF INVENTION: OPEN GEL DELIVERY DEVICE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	11/07/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
GANEY, STEVEN J	3752	239-060000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.	1 _____
<input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	2 _____
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

S.C. JOHNSON & SON, INC.

RACINE, WI

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:	4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)
<input checked="" type="checkbox"/> Issue Fee	<input type="checkbox"/> A check is enclosed.
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5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Kristin L. Chapman

Date 4 September 2007

Typed or printed name Kristin L. Chapman

Registration No. 38,102

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